

Type a plus sign (+) inside this box → ☐

<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 2/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;">DECLARATION</div> <div style="margin-top: 20px;"><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted After Initial Filing</div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Attorney Docket Number</td><td></td></tr><tr><td>First Named Inventor</td><td></td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number		First Named Inventor		COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name	
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Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multi-Layer Coating Film-Forming Method

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations § 56

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
00/285312	Japan	September 20, 2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00/285313	Japan	September 20, 2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<div style="display: flex; align-items: center;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto</div>

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name: Fisher, Christen & Sabol		Payor Number (if applicable): <input type="text"/>	
Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083		
Kara M. Armstrong	38,234		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto

☒ Please direct all correspondence to: Name: **Virgil H. Marsh**

Address: **Fisher, Christen & Sabol**

Address: **Suite 1401, 1725 K Street, N.W.**

City: **Washington** State: **D.C.** Zip: **20006**

Country: **USA** Telephone: **(202)659-2000** Fax: **(202)659-2015**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Syuichi	Middle Initial		Family Name	Ikenoue	Suffix	
Inventor's Signature	<i>Syuichi Ikenoue</i>					Date	9/6 2001
Residence City	Kanagawa-ken	State		Country	Japan	Citizenship	
Post Office Address: 17-1, Higashiyawata 4-chome, Hiratsuka-shi, Kanagawa-ken							
City	Hiratsuka-shi	State		Zip		Country	Japan
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Akira	Middle Initial		Family Name	Kasari	Suffix	
Inventor's Signature: <i>Akira Kasari</i>						Date	9/6 2001
Residence: City	Kanagawa-ken	State		Country	Japan	Citizenship	
Post Office Address: 17-1, Higashiyawata 4-chome, Hiratsuka-shi, Kanagawa-ken							
City	Hiratsuka-shi	State		Zip		Country	Japan
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	

This form is to be filled out by the inventor or the inventor's attorney. It is to be submitted to the Patent Office along with the application for a patent. The inventor must sign this form in the presence of a notary public or a commissioned agent. The inventor must also provide a true and correct copy of this form to the Patent Office.